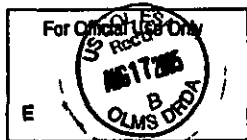


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9363</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing. Name <u>Dave</u> <u>Wilson</u> P O Box, Bldg., Room No., if any _____ Street <u>745 East Miner Avenue</u> City <u>Stockton</u> State <u>California</u> ZIP Code + 4 <u>95202</u>	4 Name, file number, and address of labor organization Name <u>Teamsters Local 601</u> Labor Organization File Number <u>039-153</u> P O Box, Building and Room Number, if any _____ Street <u>745 East Miner Avenue</u> City <u>Stockton</u> State <u>California</u> ZIP Code + 4 <u>95202</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Dave Wilson</u>	On <u>8/11/2005</u> Date	<u>(209) 522-9006</u> Telephone Number

Name of Person Filing Dave Wilson	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name, if any) Name Teamsters Life Trade Name, if any P O Box, Bldg, Room No, if any Street 160 Airway Boulevard City Livermore State California ZIP Code + 4 94551-2479	<b>9</b> Business deals with <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10</b> If 9 b or 9 c is checked give trust or employer's name. Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	<b>11.a.</b> Nature of such dealing Teamsters Life provides life insurance to employees of Teamsters Local 601. The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31, 2004. <b>11.b.</b> Approximate dollar value of such dealing. \$597 <b>12.a.</b> Nature of interest held or income received Teamsters Life sponsored a reception for attendees of the Teamsters Cannery Council seminar held on October 18, 2004 in Reno. <b>12.b.</b> Amount. \$38

<b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	<b>14 a</b> Nature of payment
<b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b</b> Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Vision Service Plan

Trade Name, if any VSP

P O Box, Bldg, Room No, if any

Street 3333 Quality Drive

City Rancho Cordova

State California

ZIP Code + 4

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b. or 9 c. is checked give trust or employer's name

Name Joint Benefit Trust

Trade Name, if any

P O Box, Bldg, Room No, if any P.O. Box 2479

Street 160 Airway Boulevard

City Livermore

State California

ZIP Code + 4 94551-2479

## 11 a Nature of such dealing

Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in item 11b are the fees paid to VSP during the plan year ended May 31, 2004.

## 11 b Approximate dollar value of such dealing

\$57,655

## 12 a Nature of interest held or income received

VSP provided half of the cost of food and beverages for a banquet hosted subsequent to the Cannery Council seminar held on October 19, 2004 in Reno.

## 12 b Amount.

\$19